

STATE HEALTH BENEFIT PLAN

CONTINUED COVERAGE – PHYSICAL OR MENTAL DISABILITY QUESTIONNAIRE

Plan Member _____ Member SSN _____

Patient/Dependent _____ Relationship _____

If the patient is mentally disabled, please include specific examples of behavior relative to the following items which are necessary for objective documentation. If available, copies of psychological testing would be appreciated (including IA scores and subtest scores).

Complete questions A through D for all patients.

- A. History of Illness: What are the current diagnosis, symptoms, treatment and medications? Provide history of hospitalization if related to the illness.

- B. Prognosis of Improvement: Provide the length of time patient is expected to be totally or primarily disabled.

- C. Capability: Is patient capable of employment? Include a statement of earning capability at part-time or full-time employment. Include a statement as to financial support other than from parents.

- D. Daily Functioning – Activities: Describe a “typical day” for the patient including all activities such as: housework, cooking, shopping, watching TV, etc.

Complete questions E through I on the reverse of this form if the patient is Mentally Disabled.

Date _____ Signature _____
(Attending Physician or Psychologist)

PLEASE ANSWER THE REMAINING QUESTIONS FOR MENTALLY DISABLED ONLY

- E. Interests: Comment on any hobbies, sports, or social and church activities, etc.
- F. Ability to Relate to Others: Comment on frequency of trips outside the home, reaction to friends, family, crowds, and conversational ability.
- G. Deterioration of Personal Habits: Comment on grooming, apparel, and ability to care for personal needs independently.
- H. Mental Status Evaluation: Date of Mental Status findings _____.
Please describe fully each item and give behavioral examples, where applicable.
1. Appearance and behavior:
 2. Stream of conversation and psychomotor activity:
 3. Thought content:
 4. Perceptual abnormalities:
 5. Affect:
 6. Concentration:
 7. Cognitive function:

Additional Comments: